

P SITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>	<i>60801</i>	<i>5/25</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>64853<sup>10</sup></i>	<i>8/1/89</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	7/11/01
2	8/13/01
3	9/20/01
4	6/18/02
5	8/16/02
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Claim	Date
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If more than 150 claims or 10 numbers  
staple additional sheet here

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